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## OPTIMIZING DOOR-TO-BALLOON TIME AT A RURAL TERTIARY CARE CENTER: IMPACT OF DEDICATED CODE HEART PROGRAM

i2 Poster Contributions

Ernest N. Morial Convention Center, Hall F

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**Background:** The optimal goal in the treatment of ST-elevation myocardial infarction (STEMI) is the restoration of perfusion to the myocardium at risk. Primary angioplasty and stenting, if carried out in a timely manner has been shown to be superior to fibrinolysis. The main goal is to carry out percutaneous coronary intervention (PCI) to obtain door-to-balloon (D2B) times of less than 90 minutes in majority of patients. To this effect we reviewed the impact of a dedicated code heart team of cardiologists/emergency room physicians/nursing and paramedic staff on the improvement in D2B time at our institution.

**Methods:** Clinical records of 246 patients undergoing PCI for STEMI since 2006 inception of code heart program were reviewed. Data collection included emergency room transit time (ED time), catheterization lab arrival to first balloon inflation time (CL time), total D2B time and percentage of patients achieving 90 minutes D2B time.

**Results:** D2B time of less than 90 minutes was achieved in 95% of cases. The mean D2B time in 2006 was  $70 \pm 24$  minutes, which persistently decreased to  $< 60$  minutes with a mean time of  $51 \pm 22$  minutes,  $p < 0.007$ . The most dramatic decrease was in ER time, which decreased from  $41 \pm 23$  minutes to  $25 \pm 18$  minutes,  $p < 0.01$ .

**Conclusion:** A dedicated code heart team for STEMI care can significantly improve the achievement of D2B time goals. The clinical outcome data will be presented.